

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
CLAIMS							*	*	*	*		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51					
2							52					
3							53					
4							54					
5							55					
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46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	<input type="checkbox"/>	<input type="checkbox"/>					TOTAL IND.	<input type="checkbox"/>	<input type="checkbox"/>			
TOTAL DEP.	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOTAL DEP.	<input type="checkbox"/>				
TOTAL CLAIMS	<input type="checkbox"/>	<input type="checkbox"/>					TOTAL CLAIMS	<input type="checkbox"/>	<input type="checkbox"/>			
* MAY BE USED FOR AMENDMENTS OR CANCELLATIONS												